

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

CLASS A/A Restricted DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2. (a) Street Address of Applicant _____

(b) Mailing address, if different from street address _____

(c) Telephone Number _____ SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

ASSETS:

Cash _____
Real Estates and Buildings _____
Accounts and Notes Receivable _____
Power Equipment (Net of Depreciation) _____
Garage & Office Equipment _____
(Net of Depreciation) _____
Other Assets _____

TOTAL ASSETS \$ _____

LIABILITIES:

Accounts and Notes Payable _____
Rents and Leases payable _____
Mortgages Payable _____
Debt on Power Equipment _____
Other Liabilities _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R. 38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, _____]
COUNTY OF _____]

I, _____
(Name of Applicant's Representative) (Title)

of _____, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At _____]

This the _____ day of _____, 20 _____]

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires _____

EXHIBIT C

CLASS A
CLASS A RESTRICTED

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

ROUTE AND MILEAGE
OF

Name of Applicant

Operating between _____ and _____

From	To	State or US Hwy. #	Exact Distance in Miles Traveled Over		* Street of Cities or Towns
			State Hwys.	County Hwys.	

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

Date: _____

(Applicant's Signature)

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
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* Seats if passenger carrier or tonnage if freight carrier.

(Applicant)

Date: _____

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

Cargo Insurance _____

The above quoted premiums are for a term of _____ months.

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No _____

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No _____
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes _____ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes _____ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____

(Notary Public)

Commission Expires: _____